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Documents

- Pharmacy benefit management companies: dimensions of performance.
Lipton HL, Kreling DH, Collins T, Hertz KC. Annual Review of Public Health [NLM - MEDLINE]. 1999. Vol. 20, p. 361-401
- Cutting Back on 'Me Too' Drugs: Pharmaceutical Firms React to Health Care Changes:[FINAL Edition]
David S. Hilzenrath. The Washington Post (pre-1997 Fulltext). Washington, D.C.:Apr 26, 1994. p. c01
- National health spending trends, 1960-1993
Levit, Katharine R, Cowan, Cathy A, Lazenby, Helen C, McDonnell, Patricia A, et al. Health Affairs. Chevy Chase:Winter 1994. Vol. 13, Iss. 5, p. 14 (18 pp.)
- The evolving role of pharmacy benefits management firms in a managed care environment
O Leary, James S. Benefits Quarterly. Brookfield:Third Quarter 1995. Vol. 11, Iss. 3, p. 24 (10 pp.)
- Trio of Big Pharmacy-Benefit Managers Announce Plans for Electronic Exchange
By Ann Carms. Wall Street Journal. (Eastern Edition). New York, N.Y.:Feb 23, 2001. p. B.11
- The companies that tell your doctor what drugs you can take:[City Edition]
Ken Kukamal and Tom DeIBanco. Boston Globe. Boston, Mass.:Jul 25, 1999. p. E7

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Citation style: ProQuest Standard

Document 1 of 6

Pharmacy benefit management companies: dimensions of performance.

Lipton HL, Kreling DH, Collins T, Hertz KC. Annual Review of Public Health [NLM - MEDLINE]. 1999. Vol. 20, p. 361-401

Subjects: Drug Industry[standards], Health Maintenance Organizations[standards], Humans, Insurance, Pharmaceutical Services, Managed Care Programs[standards], Practice Management, Quality Control, United States

Author(s): Lipton HL, Kreling DH, Collins T, Hertz KC

Document types: Journal Article

Publication title: Annual Review of Public Health [NLM - MEDLINE]. 1999. Vol. 20 pg. 361
 Source type: Periodical
 ISSN: 01637525
 ProQuest document ID: 43696058
 Document URL: <http://proquest.umi.com/pqdweb?did=43696058&Fmt=4&clientId=19649&RQT=309&VName=PQD>

Abstract (Document Summary)

Research on pharmacy benefit management companies focuses on descriptive accounts of the organizations and the scope of their services. This review provides a critical analysis of publicly available research on contemporary issues surrounding the operations and effects of pharmacy benefit management companies. There has been very little systematic, empirical research on these issues; major questions concerning the impact of pharmacy benefit management companies on quality, costs, and patient outcomes remain unanswered. We analyze what is known and what needs to be known, and we explore major research challenges that lie ahead in the assessment of the pharmacy benefit management company's role in the health care system and in improving the public's health.

Document 2 of 6

The Washington Post

Cutting Back on 'Me Too' Drugs: Pharmaceutical Firms React to Health Care Changes: [FINAL Edition]
 David S. Hilzenrath. The Washington Post (pre-1997 Fulltext). Washington, D.C.: Apr 26, 1994. p. c01

Author(s): David S. Hilzenrath
 Section: FINANCIAL
 Publication title: The Washington Post (pre-1997 Fulltext). Washington, D.C.: Apr 26, 1994. pg. c.01
 Source type: Newspaper
 ISSN: 01908286
 ProQuest document ID: 72241489
 Text Word Count: 955
 Document URL: <http://proquest.umi.com/pqdweb?did=72241489&Fmt=3&clientId=19649&RQT=309&VName=PQD>

Abstract (Document Summary)

Me-too drugs have historically absorbed a large share of pharmaceutical industry research and development budgets. From 1978 to 1991, 135 new pharmaceutical molecules approved by the Food and Drug Administration were classified by the FDA as having "little or no therapeutic gain," while only 42 were classified as representing an "important therapeutic gain."

Some drugmakers have tried to market me-too drugs by sharply undercutting their competitors' prices, as in the case of Lescol, a cholesterol-reducing drug recently introduced by Sandoz Pharmaceuticals Corp. But development of Lescol began in 1982, and Sandoz submitted it for FDA approval two years ago.

CHART, Twp CAPTION: ME-TOO FACTOR PERCENTAGE OF NEW DRUGS OFFERING THERAPEUTIC GAIN;
 BY CATEGORY '75-'79 '80-'84 '85-'89
 ULCER 67 29 20
 CANCER 64 50 36
 ANTIBIOTIC 36 44 27
 CARDIOVASCULAR 43 33 27
 NERVOUS SYSTEM 35 25 17
 ANTI-INFLAMMATORY 23 13 5
 HORMONE 17 39 50
 ANTIVIRUS 33 50 75
 SOURCE: P.E. BARRAL, CITED BY U.S. OFFICE OF TECHNOLOGY ASSESSMENT

Document 3 of 6**National health spending trends, 1960-1993**

Levit, Katharine R, Cowan, Cathy A, Lazenby, Helen C, McDonnell, Patricia A, et al. *Health Affairs*. Chevy Chase: Winter 1994. Vol. 13, Iss. 5, p. 14 (18 pp.)

Subjects: Trends, Statistical analysis, Health care expenditures, Federal funding, Health care

Classification Codes 9190, 9130, 1200, 1110

Locations: US

Author(s): Levit, Katharine R, Cowan, Cathy A, Lazenby, Helen C, McDonnell, Patricia A, et al

Publication title: *Health Affairs*. Chevy Chase: Winter 1994. Vol. 13, Iss. 5; pg. 14, 18 pgs

Source type: Periodical

ISSN: 02782715

ProQuest document ID: 4470357

Text Word Count 5165

Document URL: <http://proquest.umi.com/pqdweb?did=4470357&Fmt=3&clientId=19649&RQT=309&VName=PQD>

Abstract (Document Summary)

In 1993, the US spent \$884.2 billion on health care, a 7.8% increase from 1992. Although this spending growth was among the lowest rates of growth recorded since 1960, it is too soon to tell whether slower growth in health spending is a new trend or merely a temporary perturbation in the long-term trend. The portion of the economy devoted to health care increased from 13.6% in 1992 to 13.9% in 1993 - a 0.3 percentage point increase that equaled the average rate of increase recorded since 1960. The federal government's share of the total health care bill rose between 1991 and 1993, the first significant change in the share of the nation's health care bill funded by the federal government since the early 1970s.

Document 4 of 6**The evolving role of pharmacy benefits management firms in a managed care environment**

O Leary, James S. *Benefits Quarterly*. Brookfield: Third Quarter 1995. Vol. 11, Iss. 3, p. 24 (10 pp.)

Subjects: Roles, Pharmacy benefit management, Pharmaceutical industry, Managed care, Health care expenditures

Classification Codes 9190, 8641, 8320

Locations: US

Author(s): O Leary, James S

Publication title: *Benefits Quarterly*. Brookfield: Third Quarter 1995. Vol. 11, Iss. 3; pg. 24, 10 pgs

Source type: Periodical

ISSN: 87561263

ProQuest document ID: 6945778

Text Word Count 5850

Document URL: <http://proquest.umi.com/pqdweb?did=6945778&Fmt=3&clientId=19649&RQT=309&VName=PQD>

Abstract (Document Summary)

The next 5 to 7 years will see a major shakeup in the pharmacy benefits management (PBM) industry. A highly competitive race is underway between independent, retail pharmacy chain-sponsored and pharmaceutical manufacturer-controlled PBMs to see who will develop and monitor prescription drug efficacy protocols that reduce the total costs associated with an episode of illness. It is unlikely the market will continue to support the

phenomenal expansion of PBMs that has occurred over the past 10 years. The cutting edge PBMs will be pushed to design and implement data capturing systems that can instruct managed care organizations on how to reduce the total cost of health care, not just the pharmacy bill.

Document 5 of 6

THE WALL STREET JOURNAL.

Trio of Big Pharmacy-Benefit Managers Announce Plans for Electronic Exchange

By Ann Carrns. Wall Street Journal. (Eastern Edition). New York, N.Y.:Feb 23, 2001. p. B.11

Subjects: Pharmaceuticals, Joint ventures, Physicians

Companies: AdvancePCS (NAICS: 446110, 454110), Express Scripts Inc (Ticker:ESRX, NAICS: 454110, 524210, Duns:17-349-0459), Merck-Medco Managed Care Inc (NAICS: 446110)

Author(s): By Ann Carrns

Document types: News

Section: Health

Publication title: Wall Street Journal. (Eastern edition). New York, N.Y.: Feb 23, 2001. pg. B.11

Source type: Newspaper

ISSN: 00999660

ProQuest document ID: 68954991

Text Word Count 623

Document URL: <http://proquest.umi.com/pqdweb?did=68954991&Fmt=3&clientId=19649&RQT=309&VName=PQD>

Abstract (Document Summary)

RxHub aims to act as a "conduit" that can both directly provide doctors with details of a patient's drug coverage, and enable the doctor to transmit prescriptions to a pharmacy electronically, before the patient leaves the doctor's office. PBMs establish drug "formularies," or lists of drugs that are covered by the patient's health plan. Currently, PBMs make that information available electronically to most pharmacies, but not to doctors' offices, where the prescriptions are written. That means discrepancies aren't discovered until a patient arrives at the drugstore to pick up a prescription, resulting in time-consuming phone calls between the drugstore and the doctor's office.

RxHub expects to function as an open "utility," connecting with the various computer systems and wireless, hand-held prescribing tools used by doctors. Each of the founding PBMs independently had been exploring ways to promote electronic prescribing through hand-held tools, but concluded that the best way to hasten doctor adoption of such systems is to ensure that all the systems have standardized access to multiple PBM databases, health plans and drugstores. Toward that end, the venture will work with standard-setting groups, such as the National Council for Prescription Drug Programs, to establish universal electronic prescribing standards.

Document 6 of 6

The companies that tell your doctor what drugs you can take:[City Edition]

Ken Kukamal and Tom DelBanco. Boston Globe. Boston, Mass.:Jul 25, 1999. p. E7

Subjects: Health maintenance organizations, HMOs, Prescription drugs, Pharmacy benefit management, Drug formularies, Health insurance, Managed care

Author(s): Ken Kukamal and Tom DelBanco

Document types: Commentary

Section: OP-ED
Publication title: Boston Globe. Boston, Mass.: Jul 25, 1999. pg. E.7
Source type: Newspaper
ISSN: 07431791
ProQuest document ID: 43454452
Text Word Count 722
Document URL: [http://proquest.umi.com/pqdweb?
did=43454452&Fmt=3&clientId=19649&RQT=309&VName=PQD](http://proquest.umi.com/pqdweb?did=43454452&Fmt=3&clientId=19649&RQT=309&VName=PQD)

Abstract (Document Summary)

In the past few months, patients with HMO insurance suddenly find themselves denied coverage for medicines they and their doctors choose. What's happening reflects a wasteful and potentially dangerous phenomenon poorly understood by patients and doctors alike.

Consider two recent, apparently unrelated events. First, President Clinton has proposed entrusting the administration of Medicare's anticipated prescription drug benefit to private, for-profit companies called Prescription Benefit Managers (PBMs). Second, HMO Blue announced that it will no longer cover dozens of commonly used drugs, much as Tufts Health Plan did earlier this year. What these events share is the intrusion of PBMs into the health of patients.

What are PBMs, and why should we be nervous about their role? PBMs act as intermediaries between HMOs and pharmaceutical manufacturers. They negotiate with drug manufacturers to receive payments, called "rebates," for specific drugs. In exchange, with the agreement of the HMO, those drugs win placement on a limited list -- a formulary -- of approved drugs. Other medicines of the same type are "locked out" of the HMO's formulary.

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